



Housing Authority of Thurston County  
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# FAMILY SELF-SUFFICIENCY PROGRAM (FSS)

*Are you currently receiving housing assistance through the Housing Choice Voucher (HCV) or Project-Based Voucher (PBV)?*

*Do you desire a better future for yourself and your family?*

*Are you interested in a free savings account that earns interest?*

*Are you willing to work towards full-time employment?*

*If so.....the Family Self-Sufficiency Program (FSS) is for you!*

## What is FSS?

FSS is a 5-year voluntary program designed to assist families in becoming self-supporting so that they will eventually no longer need to rely on public assistance.

## What are the requirements?

Be a Housing Choice Voucher (any type e.g. FUP, VASH, Mainstream) holder or a Project Based Voucher holder and have the desire, willingness and commitment to make a change in your life and to take the steps necessary to become self-sufficient.

## How do I get started?

If you are ready to join or to learn more, please continue through this packet.

# **Family Self Sufficiency Program can change your life.**

## **HOW DOES THE FSS PROGRAM WORK?**

The FSS Program provides support and assistance to your family for up to five years. The head of household enters into an agreement with the Housing Authority in which an Individual Training and Services Plan is developed that identifies the family's employment goals. It outlines the activities and services required to achieve these goals. Regular contact with your FSS Coordinator is essential and will provide opportunities to problem-solve obstacles before they arise. Your FSS coordinator will support you, take an interest in your future, and will refer you to public agencies and resources available in Thurston County. As a Voucher participant your portion of the rent will raise with the addition of earned income. When this happens, being an FSS participant will allow the Housing Authority to make a monthly deposit into an Escrow Account (savings account) for the difference in your rent portion.

**FSS + YOU = \$\$\$\$**

### **WHAT WILL BE EXPECTED OF ME?**

**COMMITMENT!!** You will bring your skills, talents and strengths to the FSS Program by establishing goals for yourself and your family. As head of household you are responsible for the following items...

1. Signing a 5 year contract of participation.
2. Completing quarterly progress reports.
3. Following through on community referrals.
4. Following all conditions of your current lease.
5. Following all conditions of your Housing Choice Voucher.
6. Meeting with your FSS Coordinator at pre-scheduled times.
7. Meeting all of your interim goals.
8. Meeting all of your final goals including completing a financial literacy plan.
9. Communication with your FSS Coordinator.

### **WHAT WILL BE EXPECTED OF MY FSS COORDINATOR?**

As your caseworker they will be responsible for the following...

1. Help in establishing goals for you and your family.
2. Connect you with community services that help you reach your goals.
3. Complete 6 month progress reports for your family that include your goal updates and escrow balance.
4. Notify you of training and employment opportunities.
5. Follow up on referrals given to you.
6. Provide ongoing financial literacy coaching.

**Are you ready to begin a great and exciting new journey?**

**If the answer is YES, please complete the attached application and initial assessment form and return to the Housing Authority of Thurston County.**

**Still have questions? See attached Q & A at the end of this packet.**

# FAMILY SELF-SUFFICIENCY QUESTIONS & ANSWERS

**Q: WHAT IS AN ESCROW ACCOUNT?**

A: It is similar to a savings account that accrues interest. After your employment wages increase, your rent will increase. The employment wages are compared to the employment wages at the time you joined FSS, if it has increased then a monthly deposit will be deposited into your escrow account. If your non-employment income increases, such as child support, governmental benefits, etc. your rent may increase more but your monthly escrow deposits will not increase. This is because escrow deposits are only based solely on employment wage increases. Your employment wage deposits continue monthly and will adjust up or down if the employment wages go up or down. This process will continue for the duration of your contract.

**Q: WHEN SHOULD I APPLY FOR FSS?**

A: As soon as you start receiving rental assistance but you can join at any time.

**Q: CAN THE FSS CONTRACT BE FULFILLED IN LESS THAN 5 YEARS?**

A: Yes, as soon as you have attained your goals & all household members have been free of TANF for 12 months, you may request for your escrow to be disbursed.

**Q: IF I DON'T MEET MY GOALS, WILL I LOSE MY RENTAL ASSISTANCE?**

A: No, participating in FSS is voluntary so your assistance will continue but you will lose all of your escrow amount.

**Q: I AM DISABLED BUT WOULD LIKE TO PARTICIPATE IN FSS. CAN I STILL JOIN?**

A: Yes, as long as your goal is to obtain employment/earned income and be free of any TANF benefits.

**Q: WHAT DO I HAVE TO DO TO RECEIVE THE FUNDS IN MY ESCROW ACCOUNT?**

A: You MUST complete all goals, be working and be free of TANF 12 months prior to graduation.

**Q: WILL I HAVE TO PAY TAXES ON THE ESCROW FUNDS ONCE THEY ARE DISPERSED TO ME?**

A: No, this amount is considered tax free by the IRS.

**Q: WHAT HAPPENS TO MY ESCROW FUNDS IF I AM ON TANF AT THE END OF MY CONTRACT?**

A: Once the contract ends, you must be free from TANF for 12 months prior so you would have to forfeit the funds. Participants may apply for an extension for up to two years but this must be approved by the FSS Director.

**Q: I WOULD LIKE TO OWN MY OWN HOME SOME DAY. CAN I USE MY ESCROW FUND FOR A DOWN PAYMENT ON A HOUSE?**

A: Yes, you can use the funds for whatever you wish once you have completed your contract.

**Q: WHAT IF I BECOME OVER INCOME FOR RENTAL ASSISTANCE? AM I STILL ABLE TO RECEIVE MY ESCROW FUNDS?**

A: As long as you have completed your FSS goals and have been free from TANF for 12 months then you will be able to receive your escrow.

# Housing Authority of Thurston County Family Self-Sufficiency Program

## Application and Initial Assessment

Return to: Housing Authority of Thurston County  
Attn: Lynn Flaisig  
1206 12<sup>th</sup> Ave SE  
Olympia, WA 98501

Phone: 360.918.5810  
Fax: 360.586.0038

Date: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of Contact: \_\_\_\_\_

Please list all other household members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Head of Household, please complete this form to the best of your ability. This information will be used by you and your FSS Coordinator to help establish goals that will increase your household's **earned** income to become more self-sufficient. There are no right or wrong answers.

### Head of Household Information:

How long have you lived in Thurston County? \_\_\_\_\_

Do you have immediate needs?  **Food**  **Utilities**  **Transportation**  **Crisis prevention**

Other needs:  **Medical**  **Dental**  **Optical**  **Clothing**

Are you currently working with other community programs or agencies?  **YES**  **NO**

If **YES**, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently receiving TANF benefits?  **YES**  **NO** Food Stamps?  **YES**  **NO**

Does any family member need special assistance due to a disability?  **YES**  **NO**

If **YES**, please state who and what is needed: \_\_\_\_\_  
\_\_\_\_\_

Do you have internet access?  **YES**  **NO** Do you have a valid Dr's License?  **YES**  **NO**

Do you have reliable transportation?  **YES**  **NO**

If **NO**, please explain: \_\_\_\_\_

Do you have reliable childcare?  **YES**  **NO** If **YES**, how many children receive care? \_\_\_\_\_

Do you have healthcare?  **YES**  **NO** If **YES**, who is the provider? \_\_\_\_\_

Are you a high school graduate or have a GED?  **YES**  **NO**

If **NO**, what is the highest grade you have completed: \_\_\_\_\_

Do you need extra support with?  **Reading**  **Writing**  **Math**

Have you ever applied for Financial Aid?  **YES**  **NO**

Are you currently attending college or have you attended in the past?  **YES**  **NO**

If **YES**, please explain? \_\_\_\_\_

If **NO**, would you like to enroll in school?  **YES**  **NO**

Do you currently have any certificates or degrees?  **YES**  **NO**

If **YES**, please list? \_\_\_\_\_

Do you have student loans?  **YES**  **NO** Are your loans current or deferred:  **YES**  **NO**

Are you currently using credit of any kind?  **YES**  **NO**

How would you describe your credit?  **Good**  **Fair**  **OK**  **Not so good**

Are you currently using a budget?  **YES**  **NO**

Are you doing any volunteer work?  **YES**  **NO**

If yes, where and when? \_\_\_\_\_

Do you currently have a checking or savings account?  **YES**  **NO**

Have you had a career assessment or counseling?  **YES**  **NO**

List any areas of employment that you are specifically interested in doing? \_\_\_\_\_  
\_\_\_\_\_

Are you interested in the Health Care field?  **YES**  **NO**

Are you interested in Office Administrative field?  **YES**  **NO**

Are you interested in a specific trade?  **YES**  **NO**

Are you interested in self-employment?  **YES**  **NO**

**Employment Information:**

Are you currently employed?  **YES**  **NO**

If **YES**, where do you work? \_\_\_\_\_

**Full-time**  **Part-time**

How long have you been employed? \_\_\_\_\_ How much do you make: \_\_\_\_\_

What are your main job duties? \_\_\_\_\_

Do you receive any benefits?  **YES**  **NO** If **YES**, please list: \_\_\_\_\_

Are you satisfied with your current job?  **YES**  **NO**

Are you looking for a different job?  **YES**  **NO**

Do you have a resume?  **YES**  **NO** If **YES**, is it current?  **YES**  **NO**

Do you have references?  **YES**  **NO**

What type of work have you done in the past? \_\_\_\_\_

If you are not currently working when was the last time you were employed? \_\_\_\_\_

Why did you leave that job? \_\_\_\_\_

Have you used WORKSOURCE?  **YES**  **NO** Do you have a current resume?  **YES**  **NO**

Do you have basic computer knowledge of?  **Microsoft Office**  **Excel**  **PowerPoint**

Do you have a computer?  **YES**  **NO**

Do you have experience with applying for employment on line?  **YES**  **NO**

Do you feel you need additional skills or job training?  **YES**  **NO**

If **YES**, what additional skills do you feel you need?

**Interviewing Skills**  **Resume Skills**  **Job Search Skills**  **Job Training**

**Other Skills:** \_\_\_\_\_

Do you feel you have barriers to obtaining the job or career you want?  YES  NO

If YES, what are the barriers:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Age                     | <input type="checkbox"/> Childcare                           | <input type="checkbox"/> Appearance/Grooming       |
| <input type="checkbox"/> Lack of work history    | <input type="checkbox"/> Lack of education                   | <input type="checkbox"/> Long absence from work    |
| <input type="checkbox"/> Criminal history        | <input type="checkbox"/> Need of Counseling                  | <input type="checkbox"/> Inadequate clothing       |
| <input type="checkbox"/> Reliable transportation | <input type="checkbox"/> Disability                          | <input type="checkbox"/> Inadequate career choices |
| <input type="checkbox"/> Unpaid tickets          | <input type="checkbox"/> Alcohol or drug prevention services |  |
| <input type="checkbox"/> Other: _____            |  |  |

Is anyone else in your household currently employed?  YES  NO

Does anyone else in the household (including youth) who needs assistance with finding employment?

YES  NO If YES, please list who: \_\_\_\_\_

Do any of your children need extra support with schooling?  YES  NO

If YES, please list who & what they need: \_\_\_\_\_  
\_\_\_\_\_

Do any of your children need after school care so you can work:  YES  NO

**Personal:**

What do you like about yourself? What are your strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the goals you would like to discuss with your FSS Coordinator:

Education: \_\_\_\_\_

Employment: \_\_\_\_\_

Financial: \_\_\_\_\_

Family: \_\_\_\_\_

Personal: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_